

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/16/9439

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	3		/			
5	3		/			
6	3		/			
7	3		/			
8	3		/			
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TOTAL IND.	1		1			
TOTAL DEP.	10		9			
TOTAL CLAIMS	11		10			

*	*	*	*
IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS